

SARS IN TORONTO: A LOCAL PUBLIC HEALTH PERSPECTIVE

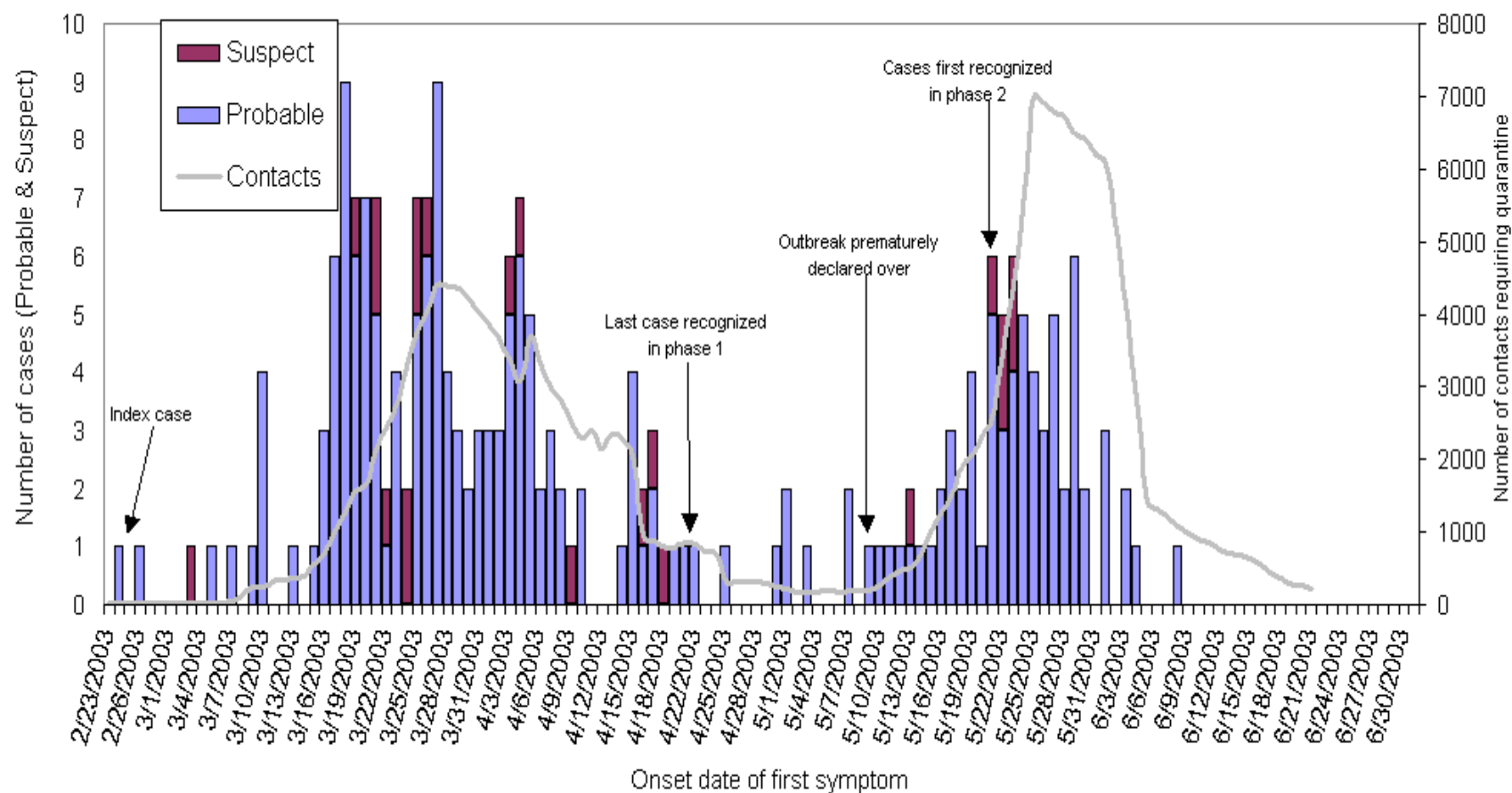
**Presentation to
Secretary's Council on Public Health Preparedness
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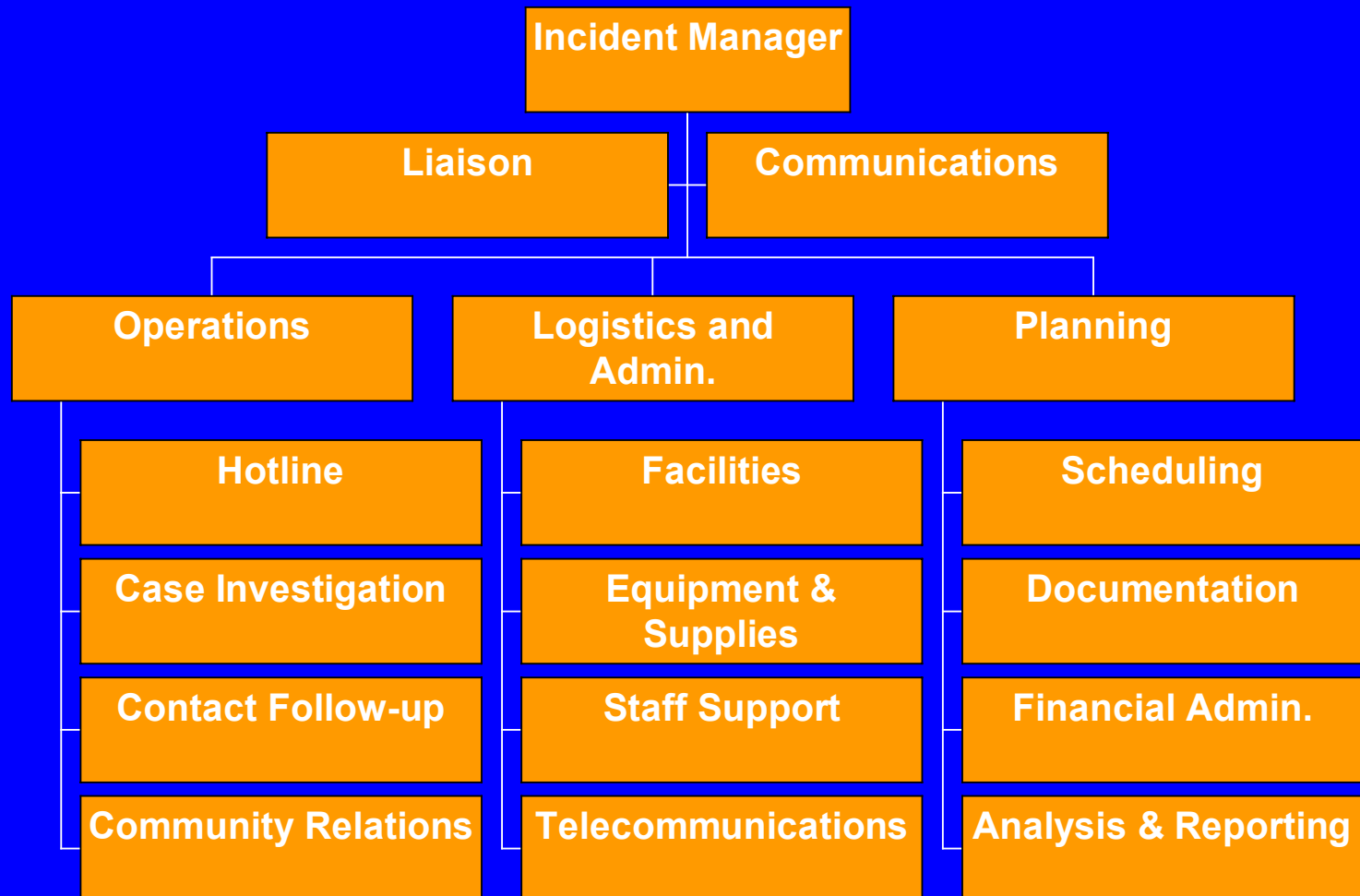
Figure 1: Toronto SARS Cases* Contacts Requiring Quarantine†



What was the role of TPH?

- **Disease surveillance and reporting**
- **Investigation and management of possible cases**
- **Identification and quarantine of close contacts**
- **Health risk assessment and communication**
- **Liaison with hospitals and other agencies re infection control**
- **Managing community relations**

Incident Command Structure



Workload Volumes for Phase 1 & 2

- **Over 300,000 calls to hotline March 15-June 24, 2003;
47,567 calls on one day**
- **Approx. 2,000 case investigations (average 9
hrs/investigation)**
- **198 Probable Cases and 26 Suspect Cases**
- **23,306 contacts followed up; up to 6,995 people quarantined
at any time**

Disease Surveillance & Reporting

- **SARS designated reportable, communicable and virulent under provincial legislation**
- **Case information received from**
 - **Physician reporting line**
 - **General TPH Hotline**
 - **Hospital liaison line**
 - **Contact follow-up team**
 - **Hospital liaison/category 3 response teams**
 - **Hospital/cluster investigation teams**
 - **Labs**

Disease Surveillance & Reporting (Cont'd)

- **Provincial database for reportable diseases could not be adapted for SARS**
- **Lacked a central database/data-sharing agreements between local, provincial and federal governments**
- **Due to volume depended on paper-based system until able to develop own SARS information system**
- **Case definition issues**

Case Investigation

- **Case investigation of all PUI, suspect and probable cases**
- **Detailed history taking**
 - **history while symptomatic**
 - **10 day history prior to onset of symptoms**
- **Identification of all contacts - establish level of contact**
- **Quarantine close contacts**

Contact Follow-up

- Quarantine
 - not used > 50 years in Canada
 - “invented” work quarantine
- Used combination of
 - quarantine/work quarantine with daily or twice daily assessment by telephone
 - active surveillance with daily assessment
 - self-monitoring with periodic follow-up
 - day 10 follow-up and counselling

Contact Follow-up (Cont'd)

- **Linkage of symptomatic contacts to special SARS Assessment Centres**
- **“Voluntary” quarantine - issues**
- **Issued 27 Section 22 orders under HPPA**
- **Very difficult mentally, physically, emotionally and financially**

Contact Follow-up (Cont'd)

- **Provided resources & psychosocial support to individuals/communities who were quarantined**
 - **One-on-one & group support by telephone**
 - **Partnerships**
 - **Homeless/shelter population**
 - **Jails/schools/workplaces/transit**
 - **Challenges of determining if someone is at home**
 - **Government financial support**

Contact Follow-up (Cont'd)

- **Community Issues**
 - **Post-quarantine acceptance back into schools and workplaces**
 - **Stigmatization of affected groups e.g. Chinese community**
 - **Acknowledge and deal with discrimination - worked with community leaders**
 - **Address anxiety or fear**
- **Legal Issues/Challenges**
 - **Designate communicable and virulent**
 - **Group orders**
 - **Able to detain at facility other than hospital**

Information/Communications

- **Intense media interest, 2nd only to Iraq War**
- **Daily media briefings, televised live**
- **Over 1,200 media calls in the first 8 weeks**
- **Daily print/electronic, local/ethnic, international**
- **Multiple spokespersons, many opinions....**

Information/Communications (Cont'd)

Multiple Stakeholders:

- **Internal to TPH (among SARS teams, DMT, rest of public health unit)**
- **City government (eg. Legal, transit, first responders, senior administration/ politicians)**
- **City unions, joint health and safety committees**
- **Health care and other community agencies/workers (eg. funeral homes, hospitals, physicians)**
- **Schools/school boards, jails, shelters**
- **Other local public health units, Ontario Ministry and Federal & WHO, other**
- **Churches, religious leaders, ethnoracial groups**
- **Conference planners and associations**
- **Workplaces**
- **General Public**

Information/Communications (Contd)

Multiple Methods:

- **Media**
- **Fact sheets for different audiences**
- **Quarantine directives for affected groups**
- **Print/web material translated into 4 languages**
- **Diverse language skills among Hotline staff plus AT&T translation service**
- **Train-the-trainer sessions for community agencies**
- **Outreach through local community meetings (health risks, ethnoracial discrimination)**
- **Standard letters to conference planners**
- **Shared internal hard drive for common protocols**

Infection Control

- **Pre-SARS - staff participated on hospital infection control committees, provided advice on infection control**
- **During SARS:**
 - **hospital liaison/Category 3 response team on-site**
 - **participated in development of provincial directives**
 - **liaised with hospitals, CCAC's and other agencies on infection control (e.g. help interpret provincial directives)**
 - **participated in audit of Category 3 hospitals requesting downgrade of category**
- **Currently hospitals doing active surveillance for febrile-respiratory illness (FRI) (as of June 16/03)**
 - **FRI surveillance system being finalized**
 - **Increased TPH on-site surveillance**

Lessons re: Disease Surveillance & Reporting

- **Need a flexible, robust IT system to handle major outbreaks**
- **Active surveillance for febrile-respiratory illness, different mindset**
- **Need mechanisms for rapid reporting of disease activity across and within jurisdictions**

Lessons re: Communications

- **Communication & dissemination of accurate timely information is critical**
 - health risk communication (general, specific groups)
 - ongoing relationship/partnership helpful
 - be clear re information needed by different levels of government
 - press conferences helpful - minimize number of spokespersons
- **Nursing skill set essential for hotline - many medical issues, counselling, etc.**
- **Ensure information is accessible, linguistically & culturally appropriate**
 - fact sheets and other information in 14 languages and others as needed
 - staff with language skills and used AT & T
 - special information sessions on-site

Other Key Lessons Learned

- **Surge capacity/infrastructure**
- **Psychosocial**
- **Constantly changing environment and information**
- **Occupational health and safety issues**
- **Need a strong public health body at provincial level that has flexibility to respond to outbreaks; clear roles and responsibilities of different levels of government**
- **Need for improved cross-jurisdictional coordination**
- **Need for local public health units involvement in investigation/ research**
- **Ongoing need to debrief, evaluate at different levels**